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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Universal Property Renta	I LLC
	d Liability Company)
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Ruth Robert	
	Name of Person)
Universal Property Rental LL	.C
	Firm/Company)
P.O. Box 4052	
	(Address)
Tallahassee, FL 32315	
(City	/State and Zip Code)
For further information concerning this matter, please	call:
Ruth Robert	at (850) 933-7172
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Sertificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Universal Property Rental LLC	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
	24
Principal Office Address:	Mailing Address:
7856 Preservation Road	P.O. Box 4052
Tallahassee, FL 32312	Tallahassee, FL 32315
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registatusiness entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Ruth Robert	
Name	
7856 Preservation R	oad
Florida street add	ress (P.O. Box NOT acceptable)
Tallahassee, FL 323	1 2 L
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	caccept service of process for the above stated limited this certificate, I hereby accept the appointment as in I further agree to comply with the frovistons of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 60% F.S

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Me

UN 4000 U N 4	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	er
MGR	Ruth Robert
	7856 Preservation Road
	Tallahassee, FL 32312
MGRM	Victor Robert
	7856 Preservation Road
	Tallahassee, FL 32312
•	handla dae afglina 9/1/08 (OPTION
LE V: Effective date, if other the fective date is listed, the date is	han the date of filing: 9/1/08 . (OPTION must be specific and cannot be more than five business dates
days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business de
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